

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N32602

Entity Name: LOG HARBOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8400 U.S. HIGHWAY 441 SE
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

4882 SE BAYSHORE TERRACE
STUART, FL 34997 US

New Mailing Address:

FEI Number: 65-0123996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSH, DIANE M
4882 SE BAYSHORE TERRACE
STUART, FL 34977 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CUNNINGHAM, WAYNE
Address: 8352 US HWY 441 SE
City-St-Zip: OKEECHOBEE, FL 34974

Title: VPD () Delete
Name: HARTMAN, JERRY
Address: 490 SE 9TH AVE
City-St-Zip: POMPANO BEACH, FL 33067

Title: STD () Delete
Name: MUSH, DIANE M
Address: 4882 SE BAYSHORE TERRACE
City-St-Zip: STUART, FL 34977

Title: D () Delete
Name: SOKOLOWSKI, MARK
Address: 8362 US HWY 441 SE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: BOYUM, STEVE
Address: 13651 STAIMFORD DR
City-St-Zip: WEST PALM BEACH, FL 33414

Title: D () Delete
Name: NANCY, HARTMAN
Address: 490 SE 9TH AVE
City-St-Zip: POMPANO BEACH, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE M. MUSH

STD

01/08/2009

Electronic Signature of Signing Officer or Director

Date